



Work Order Bid (ID)

WORK ORDER INFORMATION

Work Order Name: WO/90009MD2635/1

Work Order Type: Weatherization

Audit Name: 2635

CLIENT INFORMATION

Client ID: 90009MD2635

AGENCY INFORMATION

Agency: Metropolitan Development and Housing Agency

Agency Phone: (615) 252-8500

Address: 701 South Sixth Street
Nashville, TN 37206

Fax: (615) 252-8533

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

AUDIT CONDUCTED 2PM-4PM
3/19/2012
TIMOTHY KEY
615-330-4785

CONTRACTOR IS RESPONSIBLE FOR VERIFYING ALL MEASUREMENTS
ALL WEATHERIZATION MEASURES AND REPAIRS MUST BE
DONE FOLLOWING THE SOUTHEAST FIELD GUIDE

LEAD BASE PAINT MAY EXIST
IF HOME BUILT PRIOR TO 1978

Measures

Measure 1 Seal Ducts				Components				Inspected	
Comment MASTIC SEAL DUCTS.. LVG ROOM, KITCHEN.. BR1, BR2								<input type="checkbox"/>	
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Su	Duct Sealing	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>
Field Notes:									

Measure 2 Infiltration Redctn				Components				Inspected	
Comment 1. SEAL PLUMBING @ KITCHEN SINK 2. PATCH 2X2 AREA OF BR3 CEILING. 3. WS ATTIC ACCESS 4. D1 SEAL TH, JAMBS, INTERIOR FRAME 5. D2 SEAL TH, REPLACE WS								<input type="checkbox"/>	
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Su	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>
Field Notes:									

Measure 3 DWH Tank Insulation**Components****Inspected****Comment** ELECTRIC.. WRAP TANK☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipm	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:**Measure 4 DWH Pipe Insulation****Components****Inspected****Comment** WRAP HOT & COLD LINES☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Pipe Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:

Measure 5 Refrigerator Rplcmnt**Components****Inspected****Comment** replace with energy star model up to 20 cubic feet."☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
10	Refrigerators	ANY - ANY	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	Labor	Installation Labor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:****Measure 6 Floor Ins. R-19****Components F1****Inspected****Comment** JOIST SIZE 12. ADD FLOOR INSULATION. NONE EXIST. ADDITIONAL COST ADDED DUE TO TRASH UNDER HOME NEEDING TO BE REMOVED. ADD NEW CRAWL DOOR AND LOCKSET..☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Floor Insulation - Fiberglass Faced Batt - R-19	SqFt	1452	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Floor Insulation - Fiberglass Faced Batt - R-19	SqFt	1452	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	Miscellaneous Su	Added Misc Cost	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:**Sub Total:****Field Notes:**

Measure 7 CO Monitor is Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	CO monitor	Each	1					
2	Labor	Labor	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 8 Fix Improper Venting (Clothes Dryer)				Components				Inspected	
Comment REPLACE 5 FT FLEX HOSE W/METAL VENTED TO EXTERIOR.									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Equipment	Each	1					
2	Labor	Labor	Hour	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 9 PressureRelief Piping Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Pressure relief piping	Each	1					
2	Labor	Labor	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 10 Smoke Detector is Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Smoke detector	Each	1					
2	Labor	Labor	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 11 Vapor Barrier Needed
(Basement/Crawlspace) 1742 SQ/FT

Components

Inspected

Comment OVERLAP 12" AND RUN UP WALLS AND PIER 12"

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety	Basement / crawlspace vapor barrier	SqFt	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	SqFt	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

Work Order Grand Total:

Grand Total: